

COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES

Parent Company: ACHIEVEMENTS INC **Phone:** (406) 293-8848
Director Name: PAM RHODES **Title:** PROGRAM DIRECTOR
Parent Address: 101 MINERAL AVE LIBBY MT 59923 **800 #:**
Facility Name: FLOWER CREEK **Facility Phone Number:**
First Name: **Title:**
Contact: **Title:**
Address: 513 W BALSAM ST LIBBY MT 59923-2725 **Region:** LINCOLN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10245-001 **Expires:** 10/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: ACHIEVEMENTS INC **Phone:** (406) 293-8848
Director Name: PAM RHODES **Title:** DIRECTOR
Parent Address: 101 MINERAL AVE LIBBY MT 59923 **800 #:**
Facility Name: MONTANA AVENUE **Facility Phone Number:** (406) 293-6705
First Name: BARRY BROWN **Title:** HOME MANAGER
Contact: **Title:**
Address: 107 MONTANA AVE LIBBY MT 59923- **Region:** LINCOLN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 3 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10245-002 **Expires:** 10/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: BUBASH GROUP HOME **Facility Phone Number:** (406) 563-8117
First Name: LARRY NOONAN **Title:** DIRECTOR
Contact: KNUTE OASS **Title:** COMMUNITY DIRECTOR
Address: 318 WEST 5TH STREET ANACONDA MT 59711-2802 **Region:** DEER LODGE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 7276-019 **Expires:** 10/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: EDMOND **Facility Phone Number:** (406) 656-9454
First Name: **Title:**
Contact: EDWARD MITCHELL **Title:** CONTACT
Address: 3124 EDMOND STREET BILLINGS MT 59102- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE
Facility License Number: 7276-041 **Expires:** 03/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: HERITAGE **Facility Phone Number:** (406) 656-7840
First Name: JAMES LITTLER **Title:** COMMUNITY DIRECTOR
Contact: JAMES LITTLER **Title:** COMMUNITY DIRECTOR
Address: 1050 S. 25TH STREET W. BILLINGS MT 59102- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** ADULT **Gender** MALE
Facility License Number: 7276-039 **Expires:** 03/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: AWARE **Phone:** (406) 656-0928
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 1050 S 25TH ST WEST BILLINGS MT 59102 **800 #:**
Facility Name: HYACINTH **Facility Phone Number:** (406) 252-2337
First Name: MEGAN WOODS **Title:**
Contact: **Title:**
Address: 2237 HYACINTH BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 7276-048 **Expires:** 11/17/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: LAMPMAN **Facility Phone Number:** (406) 656-5976
First Name: JAMES LITTLER **Title:** COMMUNITY DIRECTOR
Contact: JAMES LITTLER **Title:** COMMUNITY DIRECTOR
Address: 2237 LAMPMAN DRIVE BILLINGS MT 59102-6214 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 7276-040 **Expires:** 03/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E PARK ST ANACONDA MT 59711 **800 #:**
Facility Name: MYSTIC HOUSE **Facility Phone Number:** (406) 494-7699
First Name: LESLIE ROBERTSON **Title:** HOME MANAGER
Contact: **Title:**
Address: 35 MYSTIC LANE BUTTE MT 59701- **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 7276-050 **Expires:** 10/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: PORPHYRY **Facility Phone Number:**
First Name: KNUTE OASS **Title:**
Contact: **Title:**
Address: 1243 W PORPHYRY BUTTE MT 59701- **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 7276-049 **Expires:** 09/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: SAMPSON DD **Facility Phone Number:** (406) 494-1772
First Name: LESLIE ROBERTSON **Title:** COMMUNITY DIRECTOR
Contact: **Title:**
Address: 712 SAMPSON STREET BUTTE MT 59701-3203 **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALES & FEMALE
Facility License Number: 7276-051 **Expires:** 09/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: SHARON COURT GROUP HOME **Facility Phone Number:** (406) 563-8117
First Name: LARRY NOONAN **Title:** DIRECTOR
Contact: KNUTE OASS **Title:** COMMUNITY DIRECTOR
Address: 309 SHARON COURT ANACONDA MT 59711-2641 **Region:** DEER LODGE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 7276-020 **Expires:** 10/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: WYOMING GROUP HOME **Facility Phone Number:** (406) 698-8321
First Name: LARRY NOONAN **Title:** DIRECTOR
Contact: JAMES LITTLER **Title:** MANAGER
Address: 738 WYOMING BILLINGS MT 59102- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 7276-045 **Expires:** 05/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: BIG SANDY ACTIVITIES **Phone:** (406) 378-2598
Director Name: MARY JEAN DENNING **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 369 BIG SANDY MT 59520-0639 **800 #:**
Facility Name: BIG SANDY ACTIVITIES CO-ED HOME **Facility Phone Number:** (406) 378-2506
First Name: MARY JEAN DENNING **Title:** DIRECTOR
Contact: JEFF RICHTER **Title:** MANAGER
Address: 112 GREAT NORTHERN AVE BIG SANDY MT 59520- **Region:** CHOTEAU
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10357-002 **Expires:** 08/31/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: BIG SANDY ACTIVITIES **Phone:** (406) 378-2598
Director Name: MARY JEAN DENNING **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 369 BIG SANDY MT 59520-0369 **800 #:**
Facility Name: BIG SANDY ACTIVITIES WOMAN'S HOME **Facility Phone Number:** (406) 378-2560
First Name: MARY JEAN DENNING **Title:** DIRECTOR
Contact: LEONORE MARX **Title:** MANAGER
Address: 142 GREAT NORTHERN AVE BIG SANDY MT 59520- **Region:** CHOTEAU
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULT **Gender** FEMALE
Facility License Number: 10357-003 **Expires:** 08/31/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: BLACKFEET OPPORTUNITIES INC **Phone:** (406) 338-5364
Director Name: CHARLES MOMBERG **Title:** DIRECTOR
Parent Address: PO BOX 247 BROWNING MT 59417-0247 **800 #:**
Facility Name: TEKAWITHA GROUP HOME **Facility Phone Number:** (406) 338-5364
First Name: Margaret Tail Feathers **Title:** Home Manager
Contact: Alva Mad Plume **Title:** Home Manager
Address: BIA HOUSING #718 BROWNING MT 59417-0247 **Region:** GLACIER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE
Facility License Number: 10866-001 **Expires:** 10/31/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: BUTTE SHELTER WORKSHOP INC **Phone:** (406) 782-7284
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 207 W. MONTANA BUTTE **800 #:**
Facility Name: DELORES BARSANTI GROUP HOME **Facility Phone Number:** (406) 782-3609
First Name: JOHN PAHUT **Title:** DIRECTOR
Contact: MARY JO MAHONEY **Title:** Residential Services Director
Address: 1030 S IOWA STREET BUTTE MT 59701-1419 **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 11918-007 **Expires:** 08/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: BUTTE SHELTER WORKSHOP INC **Phone:** (406) 782-7284
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 207 W. MONTANA BUTTE **800 #:**
Facility Name: HOLMAN GROUP HOME **Facility Phone Number:** (406) 782-3609
First Name: JOHN PAHUT **Title:** DIRECTOR
Contact: MARY JO MAHONEY **Title:** Residential Services Director
Address: 904 W. PARK STREET BUTTE MT 59701-9072 **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 11918-005 **Expires:** 08/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: BUTTE SHELTER WORKSHOP INC **Phone:** (406) 782-7284
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 207 W. MONTANA BUTTE **800 #:**
Facility Name: KAMBICH GROUP HOME **Facility Phone Number:** (406) 683-5773
First Name: JOHN PAHUT **Title:** DIRECTOR
Contact: Nona Canfield-Mercer **Title:** Residential Services Director
Address: 612 HIGHLAND AVENUE DILLON MT 59725-2976 **Region:** BEAVERHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 11918-004 **Expires:** 10/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: BUTTE SHELTER WORKSHOP INC **Phone:** (406) 782-7284
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 207 W. MONTANA BUTTE **800 #:**
Facility Name: LESTER ZEIHEN DD GROUP HOME **Facility Phone Number:** (406) 782-6309
First Name: JOHN PAHUT **Title:** DIRECTOR
Contact: MARY JO MAHONEY **Title:** Residential Services Director
Address: 3016 PAXSON AVENUE BUTTE MT 59701-3629 **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 11918-008 **Expires:** 08/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: BUTTE SHELTER WORKSHOP INC **Phone:** (406) 782-7284
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 207 W. MONTANA BUTTE **800 #:**
Facility Name: MARGARET LEMM HOUSE **Facility Phone Number:** (406) 782-6309
First Name: JOHN PAHUT **Title:** DIRECTOR
Contact: MARY JO MAHONEY **Title:** Residential Services Director
Address: 314 S. WASHINGTON STREET BUTTE MT 59701-2402 **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 11918-002 **Expires:** 08/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: BUTTE SHELTER WORKSHOP INC **Phone:** (406) 782-7284
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 207 W. MONTANA BUTTE MT 59701-1645 **800 #:**
Facility Name: RAHN HOUSE **Facility Phone Number:** (406) 782-6309
First Name: JOHN PAHUT **Title:** DIRECTOR
Contact: MARY JO MAHONEY **Title:** Residential Service Director
Address: 930 S. DAKOTA STREET BUTTE MT 59701-2824 **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 11918-001 **Expires:** 08/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: BUTTE SHELTER WORKSHOP INC **Phone:** (406) 782-7284
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 207 W. MONTANA BUTTE **800 #:**
Facility Name: WALSH STREET GROUP HOME **Facility Phone Number:** (406) 782-6309
First Name: JOHN PAHUT **Title:** DIRECTOR
Contact: MARY JO MAHONEY **Title:** Residential Services Director
Address: 1001 WEST GALENA STREET BUTTE MT 59701-1419 **Region:** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 11918-006 **Expires:** 08/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: CHOTEAU ACTIVITIES INC **Phone:** (406) 466-5311
Director Name: LOUIE KING **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 799 CHOTEAU MT 59422-9204 **800 #:**
Facility Name: CHOTEAU ACTIVITIES GROUP HOME **Facility Phone Number:** (406) 466-2564
First Name: LOUIE KING **Title:** ADMINISTRATOR
Contact: VICKIE WOMBACHER **Title:** CONTACT
Address: 203 8TH AVENUE NE CHOTEAU MT 59422-9204 **Region:** TETON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10727-002 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: CHOTEAU ACTIVITIES INC **Phone:** (406) 466-5311
Director Name: LOUIE KING **Title:** DIRECTOR
Parent Address: PO BOX 799 CHOTEAU MT 59422 **800 #:**
Facility Name: MAIN STREET GROUP HOME **Facility Phone Number:** (406) 590-4811
First Name: DANIELLE GILBREATH **Title:** HOME MANAGER
Contact: **Title:**
Address: 526 MAIN AVE NORTH CHOTEAU MT 59422- **Region:** TETON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10727-003 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: COUNTER POINT INC **Phone:** (406) 222-2472
Director Name: DAVID EATON **Title:** DIRECTOR
Parent Address: 116 E. LEWIS LIVINGSTON MT 59047-3113 **800 #:**
Facility Name: MILKY WAY GROUP HOME **Facility Phone Number:** (406) 222-6583
First Name: DAVID EATON **Title:** DIRECTOR
Contact: KAREN LITTLE **Title:** MANAGER
Address: 603 MILKY WAY DRIVE LIVINGSTON MT 59047-1516 **Region:** PARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 14641-002 **Expires:** 04/30/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: DEAP **Phone:** (406) 232-6034
Director Name: SYLVIA DANFORTH **Title:** DIRECTOR
Parent Address: 2200 BOX ELDER MILES CITY MT 59301 **800 #:**
Facility Name: SKY REACH YOUTH HOME **Facility Phone Number:** (406) 337-8600
First Name: WENDY WEINBERGER **Title:** CONTACT
Contact: **Title:**
Address: 306 GEORGETOWN DRIVE GLENDIVE MT 59330-2909 **Region:** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** 10-19 **Gender** MALE & FEMALE
Facility License Number: 11870-001 **Expires:** 11/29/2007 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: BOX ELDER **Facility Phone Number:** (406) 232-1701
First Name: PEGGY KELLY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 2801 BOX ELDER MILES CITY MT 59301-2887 **Region:** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14334-005 **Expires:** 01/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: BROCKWAY GROUP HOME **Facility Phone Number:** (406) 377-5015
First Name: PAM JUNSO **Title:** SERVICES COORD
Contact: **Title:**
Address: 220 S SARGENT AVE GLENDIVE MT 59330-2433 **Region:** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14334-008 **Expires:** 06/30/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: GORDON GROUP HOME **Facility Phone Number:** (406) 232-4655
First Name: PEGGY KELLY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 1414 GORDON MILES CITY MT 59301-2652 **Region:** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14334-004 **Expires:** 01/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: HAFLA GROUP HOME **Facility Phone Number:** (406) 232-5206
First Name: PEGGY KELLY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 612 MARILYN MILES CITY MT 59301-5705 **Region:** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14330-003 **Expires:** 01/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: NOLAN GROUP HOME **Facility Phone Number:** (406) 377-1453
First Name: HOPE WILSON **Title:** HOME MANAGER
Contact: **Title:**
Address: 519 S NOWLAN GLENDIVE MT 59330-2325 **Region:** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14334-007 **Expires:** 06/30/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-5717
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: SOUTH EARLING GROUP HOME **Facility Phone Number:** (406) 232-5717
First Name: PEGGY KELLY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 820 S EARLING MILES CITY MT 59301-5018 **Region:** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14334-006 **Expires:** 01/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: STEPHANIE GROUP HOME **Facility Phone Number:** (406) 232-4748
First Name: PEGGY KELLY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 518 STEPHANIE MILES CITY MT 59301-5705 **Region:** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14334-002 **Expires:** 01/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: WYOMING GROUP HOME **Facility Phone Number:** (406) 377-1580
First Name: PAM JUNSO **Title:** SERVICES COORD
Contact: PAIGE FOLLONER **Title:** HOME MANAGER
Address: 2002 WYOMING GLENDIVE MT 59330- **Region:** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14334-009 **Expires:** 06/30/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: 4TH AVE WEST NORTH **Facility Phone Number:** (406) 755-7002
First Name: **Title:**
Contact: AARON L HILL **Title:** CONTACT
Address: 765 West North KALISPELL MT 59901- **Region:** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 010991-009 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: FOURTH AVE WEST GROUP HOME **Facility Phone Number:** (406) 156-0472
First Name: **Title:**
Contact: AARON HILL **Title:** CONTACT
Address: 21 4TH AVE WEST KALISPELL MT 59901-4431 **Region:** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10991-005 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: SIXTH AVE DUPLEX GROUP HOME **Facility Phone Number:** (406) 257-0344
First Name: **Title:**
Contact: AARON HILL **Title:** CONTACT
Address: 1212 & 1214 6TH AVE WEST KALISPELL MT 59901- **Region:** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10991-008 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: THIRD AVE WEST GROUP HOME **Facility Phone Number:** (406) 257-0984
First Name: KIANE KNUTSON **Title:** MANAGER
Contact: AARON HILL **Title:** CONTACT
Address: 110 3RD AVE WEST KALISPELL MT 59901-4428 **Region:** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10991-006 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: WILLOW GLEN GROUP HOME **Facility Phone Number:** (406) 755-7656
First Name: KATHY SCHENCK **Title:** MANAGER
Contact: AARON HILL **Title:** CONTACT
Address: 1600 WOODLAND AVE KALISPELL MT 59901-5153 **Region:** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10991-002 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: GLENWOOD INCORPORATED **Phone:** (406) 765-2040
Director Name: JEANNIE SEVERSON **Title:** CO-EXECUTIVE
Parent Address: 202 E 1ST AVE PLENTYWO MT 59254-2207 **800 #:**
Facility Name: OUR HOUSE **Facility Phone Number:**
First Name: CANDY MARSH **Title:** CO-EXECUTIVE DIRECTOR
Contact: **Title:**
Address: 640 W LAUREL AVE PLENTYWO MT 59254-1529 **Region:** SHERIDAN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10720-001 **Expires:** 10/30/2007 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: DALE BOESPFLUG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: 6TH AVE **Facility Phone Number:** (406) 265-4306
First Name: DEWI MORGAN JONES **Title:** MANAGER
Contact: **Title:**
Address: 1221 6TH AVE HAVRE MT 59501- **Region:** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 11009-001 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: DALE BOESPFLUNG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: 7TH STREET GROUP **Facility Phone Number:** (406) 265-1327
First Name: DEWI MORGAN-JONES **Title:** MANAGER
Contact: **Title:**
Address: 330 7TH ST HAVRE MT 59501-4922 **Region:** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 11009-005 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: DALE BOESPFLUG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: BOULEVARD GROUP HOME **Facility Phone Number:** (406) 265-7182
First Name: DEWI MORGAN JONES **Title:** MANAGER
Contact: **Title:**
Address: 905 BOULEVARD AVE HAVRE MT 59501- **Region:** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 11009-002 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: DALE BOESPFLUG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: BULLHOOK GROUP HOME **Facility Phone Number:** (406) 265-6186
First Name: DEWI MORGAN JONES **Title:** MANAGER
Contact: **Title:**
Address: 920 BULLHOOK DR SE HAVRE MT 59501-5295 **Region:** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 11009-004 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: DALE BOESPFLUG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: HAVRE DAY ACTIVITY ASSISTED LIVING **Facility Phone Number:**
First Name: DEWI MORGAN-JONES **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 304 7TH STREET HAVRE MT 59501-4922 **Region:** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 11009-006 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: DALE BOESPFLUG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: NORTHSIDE COMMUNITY HOME **Facility Phone Number:** (406) 265-3891
First Name: DEWI MORGAN JONES **Title:** MANAGER
Contact: **Title:**
Address: 1179 6TH ST NORTH HAVRE MT 59501-3029 **Region:** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 11009-003 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: LIGHTHOUSE CHRISTIAN HOME & SERVICES **Phone:** (406) 857-3276
Director Name: SHIRLEY WILLIS **Title:** DIRECTOR
Parent Address: PO BOX 8931 KALISPELL MT 59904 **800 #:**
Facility Name: SOMERS ROAD GROUP HOME **Facility Phone Number:** (406) 857-3276
First Name: SHIRLEY WILLIS **Title:** DIRECTOR
Contact: SHIRLEY WILLIS **Title:** CONTACT
Address: 384 N. SOMERS ROAD KALISPELL MT 59901- **Region:** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 12 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 20851-002 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: LITTLE BITTERROOT SERVICES **Phone:** (406) 826-3689
Director Name: VICKIE PAYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 189 PLAINS MT 59859-0189 **800 #:**
Facility Name: PLAINS GROUP HOME **Facility Phone Number:** (406) 826-3689
First Name: CAROL DOSSETT **Title:** DIRECTOR
Contact: DORIS HAINENS **Title:** COMMUNITY HOME
Address: 110 E. MEANY STREET PLAINS MT 59859-0189 **Region:** SANDERS
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10241-001 **Expires:** 10/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MALTA OPPORTUNITIES INCORPORATED **Phone:** (406) 654-2582
Director Name: DON NEVRIVY **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1400 MALTA MT 59538-1400 **800 #:**
Facility Name: MALTA OPPORTUNITIES INCORPORATED **Facility Phone Number:** (406) 654-2187
First Name: DON NEVRIVY **Title:** DIRECTOR
Contact: PETE DALBY **Title:** COMMUNITY HOME
Address: 506 S 6TH STREET W MALTA MT 59538-1400 **Region:** PHILLIPS
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10692-001 **Expires:** 09/15/2007 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: MILK RIVER INCORPORATED **Phone:** (406) 228-2412
Director Name: CONNIE WETHERN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BXO 969 GLASGOW MT 59230-0969 **800 #:**
Facility Name: MITCHELL GROUP HOME **Facility Phone Number:** (406) 228-8765
First Name: **Title:**
Contact: CONNIE WETHERN **Title:** CONTACT
Address: 703 3RD AVE S GLASGOW MT 59230-2222 **Region:** VALLEY
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 12204-002 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: MILK RIVER INCORPORATED **Phone:** (406) 228-8412
Director Name: CONNIE WETHERN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 969 GLASGOW MT 59230-0969 **800 #:**
Facility Name: WARREN GROUP HOME **Facility Phone Number:** (406) 228-2791
First Name: **Title:**
Contact: CONNIE WERTHERN **Title:** CONTACT
Address: 338 3RD AVE N GLASGOW MT 53230-1823 **Region:** VALLEY
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 12204-001 **Expires:** 03/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: MISSION MOUNTAIN ENTERPRISES **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-27907 **800 #:**
Facility Name: 9TH AVENUE GROUP HOME **Facility Phone Number:**
First Name: **Title:**
Contact: LISA SACKETT **Title:** CONTACT
Address: 408 9TH AVE W POLSON MT 59860-5117 **Region:** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10326-003 **Expires:** 05/31/2008 **Licensing Specialist:** JULIE FINK

Parent Company: MISSION MOUNTAIN ENTERPRISES **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-2707 **800 #:**
Facility Name: BENJAMIN STREET GROUP HOME **Facility Phone Number:** (406) 676-3100
First Name: **Title:**
Contact: LISA SACKETT **Title:** CONTACT
Address: 805 BENJAMIN ST RONAN MT 59864-2202 **Region:** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10326-005 **Expires:** 05/31/2008 **Licensing Specialist:** JULIE FINK

Parent Company: MISSION MOUNTAIN ENTERPRISES **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-2707 **800 #:**
Facility Name: MISSION VIEW GROUP HOME **Facility Phone Number:**
First Name: **Title:**
Contact: LISA SACKETT **Title:** CONTACT
Address: 401 1ST AVE SE RONAN MT 59864-3022 **Region:** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10326-002 **Expires:** 05/31/2008 **Licensing Specialist:** JULIE FINK

Parent Company: MISSION MOUNTAIN ENTERPRISES **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-2707 **800 #:**
Facility Name: ORCHARD VIEW GROUP HOME **Facility Phone Number:** (406) 251-5490
First Name: **Title:**
Contact: LISA SACKETT **Title:** CONTACT
Address: 115 13TH AVE W POLSON MT 59860-5319 **Region:** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10326-006 **Expires:** 05/31/2008 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: CURTIS MODULAR **Facility Phone Number:** (406) 549-5031
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 245 S CURTIS MISSOULA MT 59804-1120 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-009 **Expires:** 11/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: CURTIS STREET **Facility Phone Number:**
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 249 S CURTIS ST MISSOULA MT 59801-1317 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-010 **Expires:** 12/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59807-3609 **800 #:**
Facility Name: EASY STREET **Facility Phone Number:** (406) 728-6842
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTAC
Address: 105 EASY ST MISSOULA MT 59802-5477 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-002 **Expires:** 11/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: FOSS COURT **Facility Phone Number:** (406) 251-5490
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 105 FOSS COURT MISSOULA MT 59803- **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-003 **Expires:** 12/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: KENT STREET **Facility Phone Number:** (406) 728-0277
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 405 KENT AVE MISSOULA MT 59801-6724 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-004 **Expires:** 11/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: SOUTH HILLS **Facility Phone Number:** (406) 251-5711
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 2412 S HILLS DRIVE MISSOULA MT 59803-2120 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-005 **Expires:** 11/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: SPURGIN ROAD **Facility Phone Number:** (406) 728-5659
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 4109 SPURGIN RD MISSOULA MT 59801-4523 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-006 **Expires:** 12/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: TULIP LANE **Facility Phone Number:** (406) 728-4366
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 1205 TULIP LANE MISSOULA MT 59802-3048 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-007 **Expires:** 12/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: MISSOULA DEVELOPMENTAL SERVICE **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: WYLIE STREET **Facility Phone Number:** (406) 728-1534
First Name: **Title:**
Contact: BARBARA KENNEDY **Title:** CONTACT
Address: 2430 WYLIE AVE MISSOULA MT 59802-3430 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10383-008 **Expires:** 11/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: NEW HORIZONS **Phone:** (406) 353-2611
Director Name: DAWN WILSON **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 457 HARLEM MT 59526-0457 **800 #:**
Facility Name: NEW HORIZONS **Facility Phone Number:** (406) 353-2771
First Name: CARLA CHAMBERS **Title:** HOME MANAGER
Contact: **Title:**
Address: 40 4TH AVE SW HARLEM MT 59526- **Region:** BLAINE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10980-001 **Expires:** 04/30/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: OPPORTUNITY RESOURCES **Phone:** (406) 721-2930
Director Name: JACK CHAMBERS **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL ST MISSOULA MT 59801-7913 **800 #:**
Facility Name: 8TH STREET **Facility Phone Number:** (406) 829-1602
First Name: AMY HEVENER **Title:** COMMUNITY HOME
Contact: KEN BROWN **Title:** CONTACT
Address: 2385 & 2395 8TH ST MISSOULA MT 59801- **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10125-005 **Expires:** 09/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: OPPORTUNITY RESOURCES **Phone:** (406) 721-2930
Director Name: JACK CHAMBERS **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL STREET MISSOULA MT 59801-7913 **800 #:**
Facility Name: DICKINSON GROUP HOME **Facility Phone Number:** (406) 549-0847
First Name: LEAH BOROW **Title:** COMMUNITY HOME
Contact: KEN BROWN **Title:** CONTACT
Address: 519 DICKINSON ST MISSOULA MT 59802-3117 **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10125-003 **Expires:** 09/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: OPPORTUNITY RESOURCES **Phone:** (406) 721-2930
Director Name: JACK CHAMBERS **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL ST MISSOULA MT 59801-7913 **800 #:**
Facility Name: NORTH HOWARD STREET **Facility Phone Number:** (406) 728-5690
First Name: KELLY BOWMAN **Title:** COMMUNITY HOME
Contact: KEN BROWN **Title:** CONTACT
Address: 531 HOWARD ST MISSOULA MT 59804- **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10125-004 **Expires:** 09/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: OPPORTUNITY RESOURCES **Phone:** (406) 721-2930
Director Name: JACK CHAMBERS **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL ST MISSOULA MT 59801-7913 **800 #:**
Facility Name: SOUTH HOWARD STREET **Facility Phone Number:** (406) 251-4612
First Name: MARY MALONE **Title:** COMMUNITY HOME
Contact: KEN BROWN **Title:** CONTACT
Address: 599 HOWARD ST MISSOULA MT 59804- **Region:** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10125-002 **Expires:** 09/30/2007 **Licensing Specialist:** JULIE FINK

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: BERKNER HEIGHTS **Facility Phone Number:** (406) 452-9531
First Name: LYNN MORLEY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 3937 15TH AVE S GREAT MT 59405-5516 **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-004 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: CEDAR GROUP HOME **Facility Phone Number:** (406) 452-9531
First Name: LYNN MORLEY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 630 CAROL DR GREAT MT 59405-3712 **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-003 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: CENTRAL PARK **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: #11 16TH ST NORTH GREAT MT 59401- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-016 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR. JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: HANSEN GROUP HOME **Facility Phone Number:**
First Name: LYNN MORLEY **Title:** CONTACT
Contact: **Title:**
Address: 2601 2ND AVE S GREAT MT 59405- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-005 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: LAUREL GROUP HOME **Facility Phone Number:**
First Name: LYNN MORLEY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 1240 26TH AVE SW GREAT MT 59404- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-007 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: CAHILL JAN **Title:** DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403 **800 #:**
Facility Name: MEADOWLARK GROUP HOME **Facility Phone Number:** (406) 761-7163
First Name: MIKE MACKENZIE **Title:** HOME MANAGER
Contact: **Title:**
Address: 120 RIVERVIEW 5 WEST GREAT MT 59403- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-020 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: PARK GARDEN **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 1473 PARK GARDEN RD GREAT MT 59405- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-008 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: PHOENIX GROUP HOME **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 5400 11TH AVE S GREAT MT 59405- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-009 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: PRIMROSE GROUP HOME **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 4101 3RD AVE N GREAT MT 59401- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10532-010 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: RAMUR VILLA **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 332 RIVERVIEW 7 W GREAT MT 59404- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-013 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: RIVERVIEW **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 216 RIVERVIEW DR E GREAT MT 59403- **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-019 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: SKYVIEW GROUP HOME **Facility Phone Number:** (406) 278-7781
First Name: ROBERT HJELM **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 502 6TH AVE SW CONRAD MT 59425- **Region:** TOOLE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 105620-017 **Expires:** 07/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: SOUTH PARK **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 2312 13TH AVE S GREAT MT 59405-5038 **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE
Facility License Number: 10562-011 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: TREASURE STATE **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 144 TREASURE STATE DR GREAT MT 59405-3402 **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-012 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: TUCSON **Facility Phone Number:**
First Name: **Title:**
Contact: LYNN MORLEY **Title:** CONTACT
Address: 1507 17TH AVE S GREAT MT 59405-4736 **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10562-014 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: WESTERN STAR **Facility Phone Number:** (406) 278-7781
First Name: ROBERT HJELM **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 8 SOUTH IDAHO CONRAD MT 59425-1704 **Region:** TOOLE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10823-001 **Expires:** 07/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: QUALITY LIFE CONCEPTS **Phone:** (406) 452-9531
Director Name: MR JAN CAHILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: WILLOW GROUP HOME **Facility Phone Number:** (406) 452-9531
First Name: LYNN MORLEY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 3233 5TH AVE S GREAT MT 59405-3339 **Region:** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10532-002 **Expires:** 01/31/2008 **Licensing Specialist:** JAN SCHINDELE

Parent Company: RAVALLI SERVICES **Phone:** (406) 363-5400
Director Name: GARY PAGNOTTA **Title:** DIRECTOR
Parent Address: PO BOX 558 HAMILTON MT 59840-0558 **800 #:**
Facility Name: RIVERVIEW GROUP HOME **Facility Phone Number:** (406) 363-6449
First Name: CHERYL GREEN **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 520 N 6TH ST HAMILTON MT 59840-2218 **Region:** RAVALLI
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10028-002 **Expires:** 10/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: RAVALLI SERVICES **Phone:** (406) 363-5400
Director Name: GARY PAGNOTTA **Title:** DIRECTOR
Parent Address: PO BOX 558 HAMILTON MT 59840-0558 **800 #:**
Facility Name: TAMMANY **Facility Phone Number:** (406) 363-4136
First Name: P JUNE RUSSELL **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 289 HATTIE LANE HAMILTON MT 59840-3206 **Region:** RAVALLI
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10028-003 **Expires:** 10/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: REACH **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: CEDAR VIEW **Facility Phone Number:** (406) 585-7640
First Name: SHELLY FRYE **Title:** GHS
Contact: **Title:**
Address: 1127 N CEDAR VIEW DR BOZEMAN MT 59715-5910 **Region:** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 3 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14501-007 **Expires:** 05/30/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: REACH **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: NORTH 3RD **Facility Phone Number:** (406) 586-1170
First Name: TINA GALGARUD **Title:**
Contact: **Title:**
Address: 436 N 3RD AVE BOZEMAN MT 59715-3459 **Region:** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14501-003 **Expires:** 05/30/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: REACH **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: VALLEY CREEK **Facility Phone Number:** (406) 587-8820
First Name: DANETTE STANDING **Title:** MANAGER
Contact: PAM OESTRICH **Title:** MANAGER
Address: 3508 & 3512 GOLDEN VALLEY BOZEMAN MT 59718-1919 **Region:** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14501-002 **Expires:** 05/30/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: REACH **Phone:** (406) 587-8820
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: WILLOW TOWNHOUSE **Facility Phone Number:** (406) 587-6106
First Name: ALICE DEKLYN **Title:** MANAGER
Contact: KAREN MCCARTHY **Title:** MANAGER
Address: 50 & 54 MICHAEL GROVE AVE BOZEMAN MT 59718- **Region:** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14501-006 **Expires:** 05/30/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: MS ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: 20TH STREET APARTMENTS **Facility Phone Number:**
First Name: CARL SOLBERG **Title:** DIRECTOR OF SERVICES
Contact: **Title:**
Address: 74 1240 20TH STREET WEST BILLINGS MT **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age Group:** ADULTS **Gender** FEMALE
Facility License Number: 907386-012 **Expires:** 08/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: MS ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: ANTELOPE II **Facility Phone Number:** (406) 254-7036
First Name: TRACY BLAZO **Title:** HOME MANAGER
Contact: **Title:**
Address: 74 ANTELOPE TRAIL BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-011 **Expires:** 11/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: MS ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: ANTELOPE TRAIL **Facility Phone Number:** (406) 259-6017
First Name: CARL SOLBERG **Title:** DIRECTOR OF SERVICES
Contact: **Title:**
Address: 70 ANTELOPE TRAIL BILLINGS MT 59105-3014 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-10 **Expires:** 04/30/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: CONSTELLATION **Facility Phone Number:** (406) 259-1774
First Name: CARL SOLBERG **Title:** DIRECTOR OF HOME
Contact: **Title:**
Address: 2340 CONSTELLATION TR BILLINGS MT 59105-3608 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-004 **Expires:** 01/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: FAIR PARK **Facility Phone Number:** (406) 656-7406
First Name: George Nash **Title:** Home Manager
Contact: **Title:**
Address: 241 FAIR PARK DR BILLINGS MT 59102-5733 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-003 **Expires:** 09/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: GRANGER **Facility Phone Number:** (406) 652-8445
First Name: BONNIE LINDBER **Title:** MANAGER
Contact: **Title:**
Address: 3555 GRANGER AVE W BILLINGS MT 59102-6046 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-002 **Expires:** 05/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: LEWIS **Facility Phone Number:** (406) 248-5572
First Name: COLLEEN MOORE **Title:** HOME MANAGER
Contact: **Title:**
Address: 1202 LEWIS AVE BILLINGS MT 59102-4236 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-006 **Expires:** 01/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: MS ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: NORTH 18TH **Facility Phone Number:** (406) 259-2715
First Name: CARL SOLBERG **Title:** DIRECTOR OF SERVICES
Contact: **Title:**
Address: 914 N 18TH ST BILLINGS MT 59101-0331 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-009 **Expires:** 03/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: PANNERS **Facility Phone Number:** (406) 248-6552
First Name: CHARI WELLS **Title:** HOME MANAGER
Contact: KIM LAFRANBOISE **Title:**
Address: 1320 PANNERS PL BILLINGS MT 59105-1681 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-005 **Expires:** 01/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: MS ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: STILLWATER **Facility Phone Number:** (406) 245-7520
First Name: CARL SOLBERG **Title:** DIRECTO OF SERVICES
Contact: **Title:**
Address: 118 STILLWATER LN BILLINGS MT 59105-3733 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-008 **Expires:** 11/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: MS ARDIS STOCKTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: WESTCHESTER **Facility Phone Number:** (406) 256-6527
First Name: LARUE HUMMEL **Title:** HOME MANAGER
Contact: **Title:**
Address: 227 WESTCHESTER SQ N BILLINGS MT 59105-1636 **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 907386-007 **Expires:** 01/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESOURCE SUPPORT AND DEVELOPMENT **Phone:** (406) 652-5443
Director Name: RHONDA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: COOPER DD GROUP HOME **Facility Phone Number:** (401) 446-1110
First Name: SHANE MCDONNELL **Title:** COMMUNITY HOME
Contact: SHANE MCDONNELL **Title:** COMMUNITY HOME
Address: 223 COOPER RED LODGE MT 59068-0546 **Region:** CARBON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 14065-002 **Expires:** 09/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESOURCE SUPPORT AND DEVELOPMENT **Phone:** (406) 652-5443
Director Name: RHONDA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: CRAWFORD DD GROUP HOME **Facility Phone Number:** (406) 665-2278
First Name: JIM DAVIS **Title:** COMMUNITY HOME
Contact: KRISTIE ROBERTSON **Title:** FACILITY DIRECTOR
Address: 520 NORTH CRAWFORD AVE HARDIN MT 59034- **Region:** BIG HORN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** AUDLTS **Gender** MALE & FEMALE
Facility License Number: 14065-004 **Expires:** 12/31/2007 **Licensing Specialist:** JACKI STOECKEL

Parent Company: RESOURCE SUPPORT AND DEVELOPMENT **Phone:** (406) 652-5443
Director Name: RHONDA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: KATHY GROUP HOME **Facility Phone Number:** (406) 259-9955
First Name: CINDY REHLING **Title:** HOME MANAGER
Contact: LAURIE SERFAZO **Title:** HOME MANAGER
Address: 344 KATHY LANE BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 14065-007 **Expires:** 02/28/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESOURCE SUPPORT AND DEVELOPMENT **Phone:** (406) 652-5443
Director Name: RHONDA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: LAKE ELMO DD GROUP HOME **Facility Phone Number:** (406) 252-1283
First Name: LISA GOODELL **Title:** COMMUNITY HOME
Contact: LISA GOODELL **Title:** COMMUNITY HOME
Address: 220 LAKE ELMO ROAD BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 14065-006 **Expires:** 03/13/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESOURCE SUPPORT AND DEVELOPMENT **Phone:** (406) 652-5443
Director Name: RHONDA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: SNOWY MOUNTAIN DD GROUP HOME **Facility Phone Number:** (406) 538-8998
First Name: JOYCE SCHIELE **Title:** HOME MANAGER
Contact: **Title:**
Address: 134 MOUNT PLEASANT ST LEWISTOWN MT 59457-2231 **Region:** FERGUS
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 14065-005 **Expires:** 03/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RESOURCE SUPPORT AND DEVELOPMENT **Phone:** (406) 652-5443
Director Name: RHONDA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: WHITE DD GROUP HOME **Facility Phone Number:** (406) 446-1398
First Name: SHANE MCDONNELL **Title:** COMMUNITY HOME
Contact: SHANE MCDONNELL **Title:** COMMUNITY HOME
Address: 1002 WHITE RED LODGE MT 59068- **Region:** CARBON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 14065-003 **Expires:** 09/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: RICHLAND OPPORTUNITIES **Phone:** (406) 488-3341
Director Name: CINDY ELESON **Title:** DIRECTOR
Parent Address: HC 89 BOX 5172 SIDNEY MT 59270-5972 **800 #:**
Facility Name: AGETHA PEER GROUP HOME **Facility Phone Number:** (406) 488-7304
First Name: CINDY ELESON **Title:** DIRECTOR
Contact: TAMARA EDWARDS **Title:** CONTACT
Address: 405 2ND AVENUE SE SIDNEY MT 59270-4909 **Region:** RICHLAND
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14369-003 **Expires:** 08/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: RICHLAND OPPORTUNITIES **Phone:** (406) 488-3341
Director Name: CINDY ELESON **Title:** DIRECTOR
Parent Address: HC 89 BOX 5172 SIDNEY MT 59270 **800 #:**
Facility Name: SVARRE GROUP HOME **Facility Phone Number:** (406) 482-4189
First Name: CINDY ELESON **Title:** DIRECTOR
Contact: TAMARA EDWARDS **Title:** CONTACT
Address: 410 22ND AVENUE NW SIDNEY MT 59270-5972 **Region:** RICHLAND
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 14369-002 **Expires:** 08/31/2008 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: LARRY GOEHNER **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0449 **800 #:**
Facility Name: AGAPE HOME **Facility Phone Number:** (406) 322-5520
First Name: LARRY GOEHNER **Title:** DIRECTOR
Contact: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Address: PO BOX 479 COLUMBUS MT 59019-0449 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10570-002 **Expires:** 12/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: LARRY GOEHNER **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: HAWKINS HOUSE **Facility Phone Number:**
First Name: LARRY GOEHNER **Title:** DIRECTOR
Contact: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Address: PO BOX 479 COLUMBUS MT 59019-0479 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10570-004 **Expires:** 12/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: LARRY GOEHNER **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: KUNKEL HOUSE **Facility Phone Number:** (406) 322-5805
First Name: LARRY GOEHNER **Title:** DIRECTOR
Contact: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Address: PO BOX 479 COLUMBUS MT 59014-0479 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10570-006 **Expires:** 12/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: SPECIAL K RANCH **Phone:**
Director Name: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: LARRY AND JOY GOEHNER HOME **Facility Phone Number:**
First Name: **Title:**
Contact: **Title:**
Address: **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULTS **Gender** FEMALE
Facility License Number: 10570-008 **Expires:** 12/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: LARRY GOEHNER **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: MCCORMICK HOUSE **Facility Phone Number:** (406) 322-5408
First Name: LARRY GOEHNER **Title:** DIRECTOR
Contact: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Address: PO BOX 479 COLUMBUS MT 59019-0479 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10570-007 **Expires:** 12/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: LARRY GOEHNER **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: OSTRUM DD GROUP HOME **Facility Phone Number:** (406) 322-4134
First Name: LARRY GOEHNER **Title:** DIRECTOR
Contact: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Address: PO BOX 479 COLUMBUS MT 59019-0479 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10570-005 **Expires:** 12/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: LARRY GOEHNER **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: STUMVOLL DD GROUP HOME **Facility Phone Number:** (406) 322-4856
First Name: LARRY GOEHNEER **Title:** DIRECTOR
Contact: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Address: PO BOX 479 COLUMBUS MT 59019-0479 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10570-003 **Expires:** 12/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: SPRING MEADOW RESOURCES **Phone:** (406) 443-7542
Director Name: ELIZABETH (SUZIE) BECK **Title:** OPERATIONS
Parent Address: 2850 BROADWATER AVE. HELENA MT 59601-9201 **800 #:**
Facility Name: HUDSON GROUP HOME **Facility Phone Number:** (406) 495-9249
First Name: ELIZABETH BECK **Title:** OPERATIONS MANAGER
Contact: ELIZABETH BECK **Title:** CONTACT
Address: 907 HUDSON HELENA MT 59601- **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 10 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10930-008 **Expires:** 11/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: SPRING MEADOW RESOURCES **Phone:** (406) 443-7542
Director Name: ELIZABETH (SUZIE) BECK **Title:** OPERATIONS
Parent Address: 2850 BROADWATER AVE. HELENA MT 59601-9201 **800 #:**
Facility Name: LAKE HOUSE **Facility Phone Number:** (406) 443-2376
First Name: ELIZABETH BECK **Title:** OPERATIONS MANAGER
Contact: ELIZABETH BECK **Title:** CONTACT
Address: 5085 CASTLES ROAD HELENA MT 59602-6421 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10930-009 **Expires:** 11/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: SPRING MEADOW RESOURCES **Phone:** (406) 443-7542
Director Name: ELIZABETH (SUZIE) BECK **Title:** OPERATIONS
Parent Address: 2850 BROADWATER AVE. HELENA MT 59601-9201 **800 #:**
Facility Name: MOTOR HOME **Facility Phone Number:**
First Name: ELIZABETH BECK **Title:** OPERATIONS MANAGER
Contact: ELIZABETH BECK **Title:** CONTACT
Address: 1225 MOTOR STREET HELENA MT 59601-9211 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10930-002 **Expires:** 11/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: SPRING MEADOW RESOURCES **Phone:** (406) 443-7542
Director Name: ELIZABETH (SUZIE) BECK **Title:** OPERATIONS
Parent Address: 2850 BROADWATER AVE. HELENA MT 59601-9201 **800 #:**
Facility Name: OREGON HOUSE **Facility Phone Number:** (406) 443-2376
First Name: ELIZABETH BECK **Title:** OPERATIONS MANAGER
Contact: ELIZABETH BECK **Title:** CONTACT
Address: 903 & 905 N. ORGEGON HELENA MT 59601-4859 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10930-005 **Expires:** 11/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: SPRING MEADOW RESOURCES **Phone:** (406) 443-7542
Director Name: ELIZABETH (SUZIE) BECK **Title:** OPERATIONS
Parent Address: 2850 BROADWATER AVE. HELENA MT 59601-9201 **800 #:**
Facility Name: TAMARACK HOUSE **Facility Phone Number:** (406) 449-2376
First Name: ELIZABETH BECK **Title:** OPERATIONS MANAGER
Contact: DARLA RUSSELL **Title:** COMMUNITY HOME
Address: 410 TAMARACK STREET HELENA MT 59601- **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10930-006 **Expires:** 11/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: SPRING MEADOW RESOURCES **Phone:** (406) 443-7542
Director Name: ELIZABETH (SUZIE) BECK **Title:** OPERATIONS
Parent Address: 2850 BROADWATER AVE. HELENA MT 59601-9201 **800 #:**
Facility Name: WAUKESHA HOUSE **Facility Phone Number:** (406) 443-1276
First Name: ELIZABETH BECK **Title:** OPERATIONS MANAGER
Contact: ELIZABETH BECK **Title:** CONTACT
Address: 1408 & 1414 WAUKESHA AVE. HELENA MT 59601-1761 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 10930-007 **Expires:** 11/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: STEP **Phone:** (406) 248-2055
Director Name: SUE DOW **Title:** DIRECTOR
Parent Address: 1501 14TH ST. W STE 210 BILLINGS MT 59102-3150 **800 #:**
Facility Name: COMMUNITY DD GROUP HOME **Facility Phone Number:** (406) 259-9399
First Name: SUE DOW **Title:** DIRECTOR
Contact: KELLY MELIUS **Title:** MANAGER
Address: 2101 11TH AVENUE NORTH BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** CHILDREN **Gender** MALE & FEMALE
Facility License Number: 12264-001 **Expires:** 05/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: STEP **Phone:** (406) 248-2055
Director Name: SUE DOW **Title:** DIRECTOR
Parent Address: 1501 14TH ST. W STE 210 BILLINGS MT 59102-3150 **800 #:**
Facility Name: PARKHILL DD GROUP HOME **Facility Phone Number:** (406) 259-9993
First Name: NANCY PENSE **Title:** MANAGER
Contact: **Title:**
Address: 841 PARKHILL DRIVE BILLINGS MT 59102- **Region:** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 12264-002 **Expires:** 01/31/2008 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: CEDAR APARTMENTS **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 411 - 417 DOROTHY STREET HELENA MT 59601-8607 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-010 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: DOROTHY DUPLEX NORTH **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 425 DOROTHY STREET HELENA MT 59601- **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-009 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: DOROTHY DUPLEX SOUTH **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 425 DOROTHY STREET HELENA MT 59601- **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-012 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: FARM IN THE DALE **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** COMMUNITY HOME
Address: 3240 YORK ROAD HELENA MT 59601-9588 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-005 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: FERN ROAD GROUP HOME **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD SARVALLI **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 1275 FERN ROAD HELENA MT 59601-7401 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-003 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 293-8848
Director Name: PAM RHODES **Title:** PROGRAM DIRECTOR
Parent Address: 101 MINERAL AVENUE LIBBY MT 59923-1949 **800 #:**
Facility Name: FLOWER CREEK GROUP HOME **Facility Phone Number:** (406) 293-8848
First Name: PAM RHODES **Title:** PROGRAM DIRECTOR
Contact: SHERRY MEEHAN **Title:** MANAGER
Address: 513 WEST BALSAM STREET LIBBY MT 59923-2725 **Region:** LINCOLN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 10245-001 **Expires:** 10/31/2007 **Licensing Specialist:** JULIE FINK

Parent Company: WESTMONT **Phone:** (406) 447-3100
Director Name: RICHARD SARAVALLI **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: HUMBOLDT CONDOMINIUMS **Facility Phone Number:**
First Name: KRIS RAKUIA **Title:** DIRECTOR
Contact: JEAN MORGAN **Title:**
Address: 102 HUMBOLT HELENA MT 59601- **Region:** L & C
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULTS **Gender** MALE & FEMALE
Facility License Number: 04867-013 **Expires:** 09/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: SOUTH HILLS GROUP HOME **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 513 SADDLE DRIVE HELENA MT 59601-5634 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-004 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: TARA COURT APARTMENTS **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 810 TARA COURT HELENA MT 59601-4445 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-011 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: TARA COURT GROUP HOME **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 800 TARA COURT HELENA MT 59601-0445 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-007 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER

Parent Company: WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA RICHARD SARAVALLI **Title:** CO PRESIDENT
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: TOWNSEND AVENUE GROUP HOME **Facility Phone Number:** (406) 447-3100
First Name: KRIS BAKULA RICHARD **Title:** CO PRESIDENT
Contact: JEAN MORGAN **Title:** CONTACT
Address: 2125 TOWNSEND AVENUE HELENA MT 59601-3233 **Region:** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age Group:** ADULT **Gender** MALE & FEMALE
Facility License Number: 4867-008 **Expires:** 02/28/2008 **Licensing Specialist:** BRIDGET PARKER
